

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30744

FILED OCT 2 1948

Registration District No. 210

Primary Registration District No. 3058

Registrar's No. 187

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether in this community years, months or days)

3: (a) PRINT FULL NAME

John P. Wetter

3: (b) If veteran, name war NIL

3: (c) Social Security No. NIL

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth (Heckmann) Wetter 6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased March 21 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 5 28 hr. min.

9. Birthplace Darmstadt Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (18 yrs)

11. Industry or business Brick Contractor

12. Name Adam Wetter

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Knapp

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Wetter (son)

(b) Address 1208 N. 3rd-St. Charles, Mo.

17. (a) burial (b) Date thereof Sept 22-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter Cemetery

18. (a) Signature of funeral director H. C. Ballmeyer & Sons Co  
(b) Address 800 N. 2nd-St. Charles, Mo.

19. (a) 9/23/48 (b) James H. H. H.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. 724 North Seventh Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 19 year 1948 hour 9:45 minute A.M.

21. I hereby certify that I attended the deceased from Sept 9, 1948, to Sept 19, 1948;  
that I last saw him alive on September 19, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 10 days

Due to

Due to

Other conditions generalized arteriosclerosis 10 years  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature George E. Ketter (M. D. or other)

Address St. Charles, Mo Date signed 9-20-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
JAN 10 1918  
OFFICE NO. 9

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Joseph E. Landolt*

Licensed Embalmer No.

4189

P. O. Address

*St. Charles Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.